

1 Case No.

2 Dept. No. I

3 The undersigned hereby affirms this document  
4 Does not contain a social security number.  
5

6 IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
7 IN AND FOR THE COUNTY OF CHURCHILL  
8

9 \_\_\_\_\_  
10 Plaintiff,

11 Vs.

12 \_\_\_\_\_  
13 Defendant.

**ANSWER AND COUNTERCLAIM  
FOR CUSTODY / PATERNITY AND  
UCCJEA DECLARATION**

14  
15 Defendant (*your name*) \_\_\_\_\_ respectfully states:

- 16  
17 **1.** Defendant admits the following allegations: (*write the paragraph numbers from the*  
18 *Complaint you agree with*) \_\_\_\_\_.
- 19  
20 **2.** Defendant denies the following allegations: (*write the paragraph numbers from the*  
21 *Complaint you disagree with*) \_\_\_\_\_.
- 22  
23 **3.** Defendant is without sufficient knowledge to admit or deny the following allegations:  
24 (*write the paragraph numbers you are unsure about*) \_\_\_\_\_.

**COUNTERCLAIM FOR CUSTODY / PATERNITY**

1. (Name of parent who is a Nevada resident) \_\_\_\_\_ has been a resident of the State of Nevada for at least six weeks prior to filing this Complaint..

2. The parties ( check one)  have /  have not been married.

3. **Children.** There are (number) \_\_\_\_\_ minor children in common born to or adopted by the parties. The children’s names and information are listed below:

Child’s Name	Date of Birth	Age	Paternity Disputed (put “X” if paternity uncertain)

4. **UCCJEA Declaration.** ( check one)

The children have lived in Nevada for the past six months or since birth. Nevada is the children’s “home state.”

The children have NOT lived in Nevada for the past six months or since birth. Nevada is not the children’s “home state.”

a. **Living Arrangements Last 5 Years.** The children have lived with the following people in the following places within the last five years:

Time Period (mo/yr – mo/yr)	Name of Person the Children Lived With	City and State	Child’s Name (if not all children)
_____ - present			
_____ - _____			
_____ - _____			
_____ - _____			
_____ - _____			

1 The names and current addresses of each non-parent the children lived with during the last  
2 five years are: \_\_\_\_\_  
3 \_\_\_\_\_

4 **b. Participation in Other Cases:** ( *check one*)

5 I  have /  have not participated as a party or witness or in some other capacity in any  
6 other case involving the children. If you have, provide all specifics including the state, the  
7 court, children involved, the case number and the date of the child custody order, if any:

8 \_\_\_\_\_  
9 \_\_\_\_\_

10 **c. Knowledge of Other Cases:** ( *check one*)

11 I  do /  do not know of a different case that could affect the current case. If you do,  
12 provide all specifics including the state, the court, parties involved, the case number and  
13 the nature of the proceeding: \_\_\_\_\_  
14 \_\_\_\_\_

15 **d. Person(s) Who Claim Custody / Visitation:** ( *check one*)

16 I  do /  do not know of anyone other than the parents who has physical custody of the  
17 children or who claims custody/visitation rights to the children. If you do, list names and  
18 addresses of anyone who claims custody/visitation rights:  
19 \_\_\_\_\_  
20 \_\_\_\_\_

21 \_\_\_\_\_  
22 \_\_\_\_\_

1 **5. Paternity.** ( *check all that apply*):

2  Paternity is not an issue for the following children: (*names of children*)

3 \_\_\_\_\_ because ( *check all that apply*)

4  **Birth Certificate.** The father is listed on the birth certificate(s).

5  **Court Order.** Paternity was already established by a court order through (*name*  
6 *of court*) \_\_\_\_\_ in case number (*case number*)  
7 \_\_\_\_\_ on (*date*) \_\_\_\_\_.

8  **DNA Test.** A DNA test shows who is the biological father; copy is attached.

9  **Parents Lived Together.** The parties lived together at least 6 months before  
10 conception and lived together through the period of conception.

11  **Admission.** The man named in this case openly holds out the child as his own  
12 and has accepted the child into his home.

13  Paternity is unclear and needs to be decided for the following children (*names of*  
14 *children*) \_\_\_\_\_ because ( *check all that apply*):

15  **DNA Test Requested.** A DNA test is requested to determine if this is the  
16 biological father.

17  **The wrong man is named as the father on the birth certificate.** The birth  
18 certificate incorrectly says that the father is (*name of father on birth certificate*)  
19 \_\_\_\_\_ . Instead, the father should be (*name of true*  
20 *father*) \_\_\_\_\_ .

21  **The Declaration of Paternity was signed due to fraud, duress, or material**  
22 **mistake of fact** because (*explain the fraud, duress, or mistake*):  
23 \_\_\_\_\_

24  
25  
26 **If you are filing this case to disprove paternity and you do not need a custody or**  
27 **child support order, skip sections 6-14.**  
28

1 **6. Legal Custody.** *Legal custody refers to the ability to access information and make*  
2 *major decisions about the children, such as medical care, education, and religious*  
3 *upbringing. ( check one)*

- 4  The parties should share joint legal custody of the children.  
5  Plaintiff should have sole legal custody of the children.  
6  Defendant should have sole legal custody of the children.

7 **7. Physical Custody.** *Physical custody refers to the amount of time the children spend*  
8 *with each parent. ( check one)*

9  The parties should share joint physical custody of the children (*each parent must*  
10 *have the children roughly 40% of the time, or 146 days per year*). A proposed parenting  
11 timeshare and holiday schedule is attached as Exhibit 1.

12  The ( check one)  Plaintiff /  Defendant should have primary physical  
13 custody of the children. A proposed parenting timeshare and holiday schedule is  
14 attached as Exhibit 1.

15 **8. Child Support.** *Complete the attached Child Support Worksheet that applies to your*  
16 *custody arrangement before you complete this section. ( check one)*

17  Child support should be paid by, (*name of parent who should pay child support*)  
18 \_\_\_\_\_ in the amount of (*amount*) \$\_\_\_\_\_ per month in  
19 child support. This is based on: ( check one)

- 20  The statutory minimum of \$100/month per child.  
21  The calculation from the attached Child Support Worksheet.  
22  The amount already established by the District Attorney / Child Support  
23 Enforcement office, case (*insert case number*)\_\_\_\_\_.

24  No child support is requested. (*Explain why not*): \_\_\_\_\_  
25 \_\_\_\_\_.

26  I'm not sure how much child support should be paid, and ask the court to set  
27 support.  
28

1 **9. Public Assistance.** ( *check one*)

- 2  None of the parties in this case have ever received state assistance or welfare.  
3  State assistance or welfare has been or is being provided to parties in this case.

4 **10. Child Support Arrears.** *A maximum of four years' worth of child support arrears may*  
5 *be requested. The court may award some, none or all that is requested.*

6 ( *check one*)

- 7  No back child support or arrears are requested.  
8  Child support arrears are being handled by the District Attorney / Child Support  
9 Enforcement office, case (*insert case number*) \_\_\_\_\_ and should  
10 continue as ordered in that case.  
11  Back child support should be paid by (*name of parent who should pay back child*  
12 *support*) \_\_\_\_\_ from (*date back child support*  
13 *should begin*) \_\_\_\_\_ to present.

14 **11. Wage Withholding.** ( *check one*)

- 15  A wage withholding order should be entered to secure payment of any support  
16 owed.  
17  A wage withholding order should NOT be entered.

18 **12. Health Insurance.** ( *check all that apply*)

- 19  Both parties should provide future health insurance for the minor children if  
20 available.  
21  Future health insurance for the minor children should be provided by (*name of*  
22 *parent*) \_\_\_\_\_ if available.

23 **13. Unreimbursed Medical Expenses.** ( *check one*)

- 24  Any expenses not covered by insurance should be paid equally by both parties.  
25  Any expenses not covered by insurance should be paid by (*name of parent*)  
26 \_\_\_\_\_ due to the following extraordinary circumstances:  
27 (*explain*) \_\_\_\_\_  
28 \_\_\_\_\_

1 **14. Tax Deduction.** ( *check all that apply*)

2  Plaintiff should claim the following children as dependents for tax purposes every  
3 year: (*insert children's names*): \_\_\_\_\_.

4  Defendant should claim the following children as dependents for tax purposes  
5 every year: (*insert children's names*): \_\_\_\_\_.

6  The tax deduction should alternate, with Plaintiff claiming the children in (*check*  
7 *one*)  even /  odd years, and Defendant claiming the children the other years.

8  The tax deduction should be allocated per federal law.

9 **15. Birth Certificate / Name Change.** ( *check all that apply*)

10  The child's birth certificate should not be changed.

11  The child's birth certificate should be changed to state that the father of the minor  
12 child is (*name*) \_\_\_\_\_.

13  The child's name should be changed to (*name*) \_\_\_\_\_.

14 **Defendant request:**

- 15
- 16 1 That the Court grant the relief requested in this Counterclaim; and
  - 17 2 For such other relief as the Court finds to be just and proper.
- 18

19 DATED this (*day*) \_\_\_\_\_ day of (*month*) \_\_\_\_\_, 20\_\_\_\_.

20

21 Submitted By: (*your signature*) \_\_\_\_\_

22 (*print your name*) \_\_\_\_\_

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**VERIFICATION**

Under penalty of perjury, I declare that I am the Plaintiff in the above-entitled action; that I have read the foregoing Complaint and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

**I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.**

DATED this (day) \_\_\_\_\_ day of (month) \_\_\_\_\_, 20\_\_\_\_\_.

Submitted By: (your signature) \_\_\_\_\_  
(print your name) \_\_\_\_\_